	Under the Pag	perwork Red	 A noilsu	يار. 199 ct of	≠ S no cen	ons are	required to re	*, *500	nd to	UiS. Patent a	Appl and Tradem	roved for	or use	GHOUGH 7/31/20 S. DEPARTME	NG. OMB 005 NT OF COMM
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a codection of int PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875												on Vree	22.60	isplays a valid (ontroo BLAC
1	CLAIMS AS FILED - PART I												11 ×	1 01	HER THAI
ŀ			- "	Column 1	, ,	(Column 2)			-	SMALL ENTITY		Υ	. 0	R SM	ALL ENTITY
ŀ	DASIC FEE (37 OFR 1,16(a))	-	NUMBER FILED			HUMBER EXTRA			4	RATE		€		RATE	<u>u</u>
	TOTAL CLAIMS				т				4				Oi	3	s
	(37 CFR 1.16(c))	<u> </u>	minus 20 =			•				K 5	=		C.F	2 4 5	
-	INDEPENDENT C (37 CFR 1.16(b))	LAIMS	minus 3 =			•				x 5	=	7	. 09	_=	
ŀ	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))									+,			OR	+:	
1	" if the difference in column 1 is less than zero, enter "O" in column 2.									TOTAL			OR	TOTAL	
CLAIMS AS AMENDED - PART II															
L	Alera	19	7//			olumn 2)	(Cotumn	3) .		SMAL	L ENTITY		OR		ER THAN
	\$ 0 IV	REMA AFT	NNG ER	-	PREV	HEST MBER NOUSLY	PRESEN			RATE	ADD:			RATE	ADU:
1-1	Total	= -AMEY	THEM	Minus		nge-		#	-	Co-declesion	FEE		••		FEE
10.4	findependent	10		Minus		ŽΩ		4		X s=	 	_	OR	X 5=	
NA A	CA CER LIEGO	1,	<u> </u>			<u> </u>	<u> </u>	_	1	x s=			OR	x s_l =	1 .
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								Ĺ	+1			OR	+5_ =	
			•				TOTAL ADD'L FEE			OR.	TOTAL ADD'L FEE				
	(Column 2) (Column 3)														
AMENDMENT B	1	CLAIN REMAIN AFTE AMENDI	UNG R		HIGH NUM PREVI PAID	Ber Ously	PRESENT EXTRA			RATE	· ADDI- TIONAL FEE			RATE	ADDI- TIONAL FEE
ã	Total . (27 CFR 1.166)D		'./	Minus	يئر" ا	10	£ .	1	Γ,	X \$ =		7			1
Z W Z	tridependent (IF CFR 1.140))	:	\mathbb{Z}	Minus		ろ	=]	r	K \$e		7	OR OR	X \$=	
₹	FIRST PRESENTATION OF MATTPLE DEPONDENT CLAIM (27 CFR 1.14(0))									fs=		7	OR OR	+; =	1
										DOLFEE	:	bracket ,	DR	TOTAL ADD'L FEE	
÷		(Cotumn		•	(Cotur	nn 2)	(Catuma 3)			•					
ENTC		CLAIM REMAINI AFTER AMENDM	NG		HIGHE NUME PREVIO PAID F	ER USLY	PRESENT EXTRA]	Γ	RATE	ADDI- TIONAL	7		RATE	ADOI: TIONAL
AMENDMENT	Total profit Liston		\Box	Minus			÷ .	1	Ţ		FEE	٦,	R	X \$=	FEE
	(of CPR LINE)		\Box	Minos	•••		·		×			7	R.	X	•
₹	FRIST PRESENTATION OF MULTIPLE DEPENDENT CLASS (27 CFR 1.16(d))								+	5		7	R	+ : .	
	* If the entry is column 1 is less than the entry in column 2, write 'O' in column 3.												·	TOTAL ADDLESS:	
	If the entry is co If the "Highest N	tumn 1 is les	e then t	he entry	h oalumn	2, write	O' in column	3.		1-6	 	J ~	• •	-wire [

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CRR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CRR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and automating the completed application from to the USPTO. Time will vary depending upon the Information Ontology (U.S. Pales and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.